

**FLORIDA DEPARTMENT OF STATE    DIVISION OF ELECTIONS  
CAMPAIGN TREASURER'S REPORT SUMMARY**

(1) Dorothy Koss  
Name

(2) 35 Lactus Ave  
Address (number and street)

Hallandale, FL 33009  
City, State, Zip Code

CITY OF HALLANDALE  
OFFICE USE ONLY  
CITY CLERK

05 JAN 13 PM 5:57

☐ CHECK IF ADDRESS HAS CHANGED

(3) ID Number: 097-20-7509

(4) Check appropriate box(es):

☒ Candidate (office sought):

☐ Political Committee

☐ Committee of Continuous Existence

☐ Party Executive Committee

☐ Electioneering Communication

☐ CHECK IF PC HAS DISBANDED

☐ CHECK IF CCE HAS DISBANDED

☐ CHECK IF NO OTHER ELECTIONEERING  
COMMUNICATION REPORTS WILL BE FILED

**(5) REPORT IDENTIFIERS**

Cover Period: From 10 / 1 / 04 To 12 / 31 / 04 Report Type \_\_\_\_\_

☐ Original

☐ Amendment

☐ Special Election Report

☐ Independent Expenditure Report

**(6) CONTRIBUTIONS THIS REPORT**

Cash & Checks \$ \$425.00

Loans \$ 3,000.00

Total Monetary \$ 3425.00

In-Kind \$ \_\_\_\_\_

**(7) EXPENDITURES THIS REPORT**

Monetary Expenditures \$ \_\_\_\_\_

Transfers to Office Account \$ \_\_\_\_\_

Total Monetary \$ \_\_\_\_\_

**(8) Other Distributions**

\$ \_\_\_\_\_

**(9) TOTAL Monetary Contributions To Date**

\$ \_\_\_\_\_

**(10) TOTAL Monetary Expenditures To Date**

\$ \_\_\_\_\_

**(11) CERTIFICATION**

It is a first degree misdemeanor for any person to falsify a public record (ss. 839.13, F.S.)

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☐ Individual (only for electioneering commun.)    ☐ Treasurer    ☐ Deputy Treasurer

**X**

Signature

I certify that I have examined this report and it is true, correct, and complete.

(Type name)

☒ Candidate    ☐ Chairperson (only for PC, PTY & electioneering commun. organization)

**X**

Signature

# CAMPAIGN TREASURER'S REPORT - ITEMIZED CONTRIBUTIONS

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

(4) Page \_\_\_\_ of \_\_\_\_

| (5)<br>Date | (6)<br>Sequence<br>Number | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Contributor |            | (9)<br>Contribution<br>Type | (10)<br>In-kind<br>Description | (11)<br>Amendment | (12)<br>Amount |
|-------------|---------------------------|--|--------------------|------------|-----------------------------|--------------------------------|-------------------|----------------|
|             |                           |  | Type               | Occupation |                             |                                |                   |                |
| 12/23/04    | 1                         | Lieberman, Willie<br>329 S.E. 35th<br>Hallandale Beach<br>FL 33009                             | 1                  | Ret.       | CHE                         |                                |                   | 100.00         |
| 12/23/04    | 2                         | Rodriguez, Susana<br>6705 W. 24 Rd.<br>Miami, FL 33129   | 1                  | Teacher    | CHE                         |                                |                   | 75.00          |
| 12/23/04    | 3                         | Cohen, Hymen R.<br>300 Layne Blvd #309<br>Hallandale Bch, FL 33009                             | 1                  | Ret.       | CHE                         |                                |                   | 50.00          |
| 12/23/04    | 4                         | Mercil, Betty J.<br>233 NE 14 Av. #401<br>Hallandale Bch, FL 33009                             | 1                  | Ret.       | CHE                         |                                |                   | 200.00         |
| 12/23/04    | 5                         | DOROTHY ROSS<br>35 CACTUS AVE<br>HALLANDALE FL   | 1                  |            | LOA                         |                                |                   | 3070-          |
| 12/23/      |                           |  |                    |            |                             |                                |                   | 3425-          |
| 1/1         |                           |  |                    |            |                             |                                |                   |                |
| 1/1         |                           |  |                    |            |                             |                                |                   |                |

### CAMPAIGN TREASURER'S REPORT – ITEMIZED EXPENDITURES

(1) Name \_\_\_\_\_

(2) I.D. Number \_\_\_\_\_

(3) Cover Period        /        /        through        /        /       

(4) Page \_\_\_\_\_ of \_\_\_\_\_

| (5)<br>Date               | (7)<br>Full Name<br>(Last, Suffix, First, Middle)<br>Street Address &<br>City, State, Zip Code | (8)<br>Purpose<br>(add office sought if<br>contribution to a<br>candidate) | (9)<br>Expenditure<br>Type | (10)<br><br>Amendment | (11)<br><br>Amount |
|---------------------------|--|--|----------------------------|-----------------------|--------------------|
| (6)<br>Sequence<br>Number |  |  |                            |                       |                    |
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